

Dental Plan Comparison General County Employees	Kaiser	Delta Dental Preventive - formerly MODA/ODS	Delta Dental Incentive - formerly MODA/ODS	Delta Dental Constant - formerly MODA/ODS
Calendar year maximum benefit, per member	No maximum	\$2,000	\$2,000	\$2,000
Calendar year deductible, per member	\$0	\$50/\$100	\$0	\$0
<b>PREVENTIVE</b>				
Examinations/ X-Rays Prophylaxis (teeth cleaning) Fissure Sealants Fluoride Space Maintainers Night Guards	\$5 office visit copay     Not covered	\$0*    50% up to \$250 maximum benefit every 5 years	1st Year - 30%** 2nd Year - 20%** 3rd Year - 10%** 4th Year - 0%**  50% up to \$250 maximum benefit every 5 years	50%     50% up to \$250 maximum benefit every 5 years
<b>BASIC</b>				
Restorative Oral Surgery Endodontics Periodontics Partial Cast Restorations	\$5 office visit copay	20%	1st Year - 30%** 2nd Year - 20%** 3rd Year - 10%** 4th Year - 0%**	50%
<b>MAJOR</b>				
Crowns  Implants, Dentures, Bridgework, and Full Cast Restorations	Copay of \$45  Copay of \$95 for each partial denture, \$65 for each full denture and \$25 for each relines; implants at 50% up to \$2000 annual maximum benefit	30%  30%	1st Year - 30%** 2nd Year - 20%** 3rd Year - 10%** 4th Year - 0%**  50%	50%  50%
<b>ORTHODONTIA</b>				
Adults  Children	50% up to \$2000 lifetime maximum benefit  50% up to \$2000 lifetime maximum benefit	50% up to \$3000 lifetime maximum benefit  50% up to \$3000 lifetime maximum benefit	Not covered  50% up to \$2000 lifetime maximum benefit	Not covered  Not covered
*Deductible waived for preventive services.			**Requires minimum one dentist visit per year to increase and maintain coinsurance level	
<i>Copays and coinsurances under Kaiser and Delta Dental are what members pay for each covered service.</i>				